Prior Authorization
Oncology – Xtandi® (enzalutamide capsules and tablets)

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Product Identifier(s)

20069

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

National Formulary Medical Necessity

Cigna covers enzalutamide products (Xtandi®) as medically necessary when the following criteria are met for FDA Indications or Other Uses with Supportive Evidence:

Prior authorization is recommended for prescription benefit coverage of Xtandi. All approvals are provided for the duration noted below.

FDA Indication(s)

1. **Prostate Cancer – Castration-Resistant (Metastatic or Non-Metastatic).** Approve for 3 years if the individual meets the following criteria (A and B):
   - **A)** Individual is ≥ 18 years of age; AND
   - **B)** Individual meets ONE of the following criteria (i, ii, or iii):
     - **i.** The medication is used concurrently with a gonadotropin-releasing hormone (GnRH) agonist; OR
       Note: Examples of GnRH agonists include: leuprolide acetate, Lupron Depot (leuprolide acetate intramuscular injection), Trelstar (triptorelin pamoate intramuscular injection), Zoladex (goserelin acetate subcutaneous implant), Vantas (histrelin acetate subcutaneous implant).

ii. The medication is concurrently used with Firmagon (degarelix subcutaneous injection); OR
iii. Individual has had a bilateral orchiectomy.

2. **Prostate Cancer – Metastatic, Castration-Sensitive.** Approve for 3 years if the individual meets the following criteria (A and B):
   A) Individual is ≥ 18 years of age; AND
   B) Individual meets ONE of the following criteria (i, ii, or iii):
      i. The medication is used concurrently with a gonadotropin-releasing hormone (GnRH) agonist; OR
      Note: Examples of GnRH agonists include: leuprolide acetate, Lupron Depot (leuprolide acetate intramuscular injection), Trelstar (triptorelin pamoate intramuscular injection), Zoladex (goserelin acetate subcutaneous implant), Vantas (histrelin acetate subcutaneous implant).
      ii. The medication is concurrently used with Firmagon (degarelix subcutaneous injection); OR
      iii. Individual has had a bilateral orchiectomy.

Conditions Not Covered

Enzalutamide (Xtandi®) is considered experimental, investigational or unproven for ANY other use.

Background

Overview
Xtandi is an androgen receptor inhibitor indicated for the treatment of patients with **castration-resistant prostate cancer (CRPC)** and **metastatic castration-sensitive prostate cancer (mCSPC)**.[1] Patients should receive Xtandi with a concurrent gonadotropin-releasing hormone (GnRH) analog or should have had a bilateral orchiectomy.

Guidelines
According to the National Comprehensive Cancer Network (NCCN) guidelines on prostate cancer (version 3.2022 – January 10, 2022), all patients with metastatic CRPC should continue androgen deprivation therapy to maintain castrate levels of serum testosterone (< 50 ng/dL).

- For patients with non-metastatic CRPC, if the prostate specific antigen doubling time is ≤ 10 months, Xtandi, Erleada® (apalutamide tablets), and Nubeqa® (darolutamide tablets) are all preferred category 1 recommended options.
- For patients with mCRPC adenocarcinoma, therapies are based on prior docetaxel or prior novel hormone therapy use.
    - No prior docetaxel and no prior novel hormone therapy: the preferred regimens are Xtandi (category 1), abiraterone (category 1 only if no visceral metastases), and docetaxel (category 1).
    - Prior docetaxel, but no prior novel hormone therapy: the preferred regimens include Xtandi or abiraterone (both category 1), and Jevtana® (cabazitaxel intravenous infusion) [category 2A].
    - Prior novel hormone therapy but no prior docetaxel: Xtandi, abiraterone, and abiraterone + dexamethasone are “other recommended regimens” (both category 2A).
    - Prior docetaxel and prior novel hormone therapy: All systemic therapies are category 2B if visceral metastases are present. Preferred regimens are Jevtana (category 1) and docetaxel rechallenge. Xtandi, abiraterone, and other secondary hormone therapy are “other recommended regimens” (all category 2A).
- For mCSPC androgen deprivation therapy in combination with Xtandi, abiraterone + steroid, Erleada, and docetaxel are all category 1 recommended preferred options. Yonsa® (abiraterone acetate) with methylprednisolone is a category 2B recommendation.

References

1. Xtandi® capsules and tablets [prescribing information]. Northbrook, IL: Astellas/Pfizer; January 2022.

2. The NCCN Prostate Cancer Clinical Practice Guidelines in Oncology (version 3.2022 – January 10, 2022). © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed April 4, 2022.

Revision History

Type of Revision	Summary of Changes	Approval Date
Annual Revision	**Prostate Cancer –Castration-Resistant (Metastatic or Non-Metastatic).** A requirement was added that the patient is ≥ 18 years of age. The criterion requiring trial of gonadotropin-releasing hormone "analog" was revised to "agonist". A requirement that the medication is used in combination with Firmagon (degarelix subcutaneous injection) was added. **Prostate Cancer – Metastatic, Castration-Sensitive:** A requirement was added that the patient is ≥ 18 years of age. The criterion requiring trial of gonadotropin-releasing hormone "analog" was revised to "agonist". A requirement that the medication is used in combination with Firmagon (degarelix subcutaneous injection) was added.	04/06/2022